



Commissioner for Patents
Washington, DC 20231
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CONFIRMATION NO. 4549

Bib Data Sheet

SERIAL NUMBER 09/835,884	FILING DATE 04/16/2001 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO.
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APPLICANTS

Arthur H. Sarkissian, New York, NY;

** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ****

** 06/07/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	4	19	6
Verified and Acknowledged	Examiner's Signature <i>J.7</i> Initials				

ADDRESS

Arthur H. Sarkissian
P.O. Box 763
New York ,NY 10268

TITLE

Key-surround module inputting device

FILING FEE RECEIVED 1243	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

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** FOREIGN APPLICATIONS ***** None

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 06/07/2001

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

Arthur H. Sarkissian
 3 Hanover Square
 Apt. # 14G
 New York ,NY 10004

TITLE

Key-surround module inputting device

FILING FEE RECEIVED 475	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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